



CNA
Claim Department
PO Box 8317
Chicago, IL 60680

11/15/2019

Mancon Management Consulting Inc.
1481 Titus Blvd
Fort Carson, CO 80931



Dear Customer:

Enclosed please find a listing of workers' compensation medical providers in your area that treat work-related injuries.

Please be advised that in **Colorado, Georgia, Pennsylvania, Tennessee and Virginia**, workers' compensation laws require that the listing be posted where it is accessible to your employees. We have used our best efforts to select highly qualified healthcare providers, and we encourage you to utilize this provider list when referring injured employees for treatment.

The medical providers included on this list are part of a Provider Network that CNA Claim utilizes, which could include our Outcomes Based Network (OBN) and/or CNA Selected Providers. The OBN is aimed at identifying workers' compensation providers who consistently provide quality patient care with an improved overall claim result. The CNA Select Providers are composed of those providers whom CNA's Workers' Compensation Claim professionals and Case Managers identified providers that delivering quality medical care, as well as coordinating on a timely basis with employers on return-to-work matters.

OBN and CNA Selected Providers are not separate provider networks, but are a subset of our existing broad-based network.

- The OBN Providers are indicated by the  symbol
- The CNA Selected Providers are indicated by the  symbol

CNA found that these providers offer to:

- *Work with employers and employees to achieve maximum treatment results;*
- *Return employees to work as quickly and safely as possible; and*
- *Enable employees to maintain productive lives after work-related injuries.*

If you have questions regarding network providers or to report provider listing discrepancies, please contact: CNA at 1-877-262-2727, option 3, email is ppopanelrequest@cna.com

CNA
Claim Department

Colorado Workers' Compensation Information

Your employer has workers' compensation coverage for employees through:

Workers' compensation is a type of insurance coverage that employers must provide to their employees. The cost of workers' compensation insurance is paid entirely by the employer and may not be deducted from an employee's wages.

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. **WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT.** If you don't report your injury or occupational disease promptly your benefits may be reduced.

If you are unable to work as the result of a work-related injury or occupational disease, compensation (wage replacement) benefits will be based on 2/3 of your average weekly wage up to a maximum set by law. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks.

You are entitled to reasonable and necessary medical treatment of compensable injuries or occupational diseases. If you notify your employer of an injury or occupational disease and are not offered medical care, you may select the services of a licensed physician or chiropractor.

You may file a Worker's Claim for Compensation with the Division of Workers' Compensation. To obtain forms or information regarding the workers' compensation system, you may call Customer Service at 303-318-8700 or toll-free at 1-888-390-7936 or visit our website at www.colorado.gov/cdle/dwc.

**COLORADO DIVISION OF WORKERS' COMPENSATION
633 17TH Street, Suite 400, Denver, CO 80202-3626**

Any information provided below comes from your employer and is specific to this place of employment:

Please See Attached Document For Your Designed Provider List

WC49 Rev 05/19

Created: (11/15/2019)

Información De Indemnización Por Accidentes Laborales De Colorado

Su empleador tiene cobertura de indemnización por accidentes laborales para empleados completamente:

La indemnización por accidentes laborales es un tipo de cobertura de seguro que los empleadores deben proveer a sus empleados. El coste del seguro de indemnización por accidentes laborales es pagado completamente por el empleador y no puede ser deducido de los sueldos de un empleado.

Si usted sufrió un accidente o mantiene una enfermedad profesional en su trabajo, usted puede calificar para los beneficios de compensación. Usted tiene la obligación de NOTIFICAR POR ESCRITO A SU EMPLEADOR DENTRO DE 4 DÍAS DEL ACCIDENTE. Si usted no informa sobre su accidente o enfermedad profesional inmediatamente sus beneficios podrían ser reducidos.

Si usted no puede trabajar por el resultado de su accidente de trabajo o la enfermedad profesional, los beneficios de compensación serán pagados sobre la base de 2/3 de su sueldo semanal hasta un máximo fijado por ley. Los primeros 3 días no son cubiertos por la aseguranza.

Usted está autorizado para el tratamiento médico que sea razonable y necesario si usted sufrió lesiones en el trabajo o enfermedades profesionales. Si usted notifica a su empleador sobre una lesión o la enfermedad profesional y no le ofrecen atención médica adecuada, usted puede seleccionar los servicios de otro médico que tenga licencia o que sea quiropráctico.

Usted puede reportar su propio reclamo si su empleador no lo ha hecho. Para obtener formularios o información acerca de accidentes laborales usted puede llamar al servicio de asistencia al numero 303-318-8700 o sin costo a 1-888-390-7936 o visitar nuestro sitio web en www.colorado.gov/cdle/dwc.

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
633 17th St. Suite 400, Denver, CO 80202-3626**

Employer Contact Name:

Employer Contact Phone Number:

Cualquier información proveída abajo viene de su empleador y es propio de este lugar del empleo:

**WORKERS' COMPENSATION ACT
LEY DE LA COMPENSACIÓN DE LOS TRABAJADORES**

**NOTICE TO EMPLOYEES
A VISO A LOS EMPLEADOS**

**Your employer is insured under the above-named law by: CNA
Su empleador está asegurado bajo esta ley por: CNA**

If you are injured or sustain an occupational disease while at work, you may be entitled to compensation benefits as provided by law. WRITTEN NOTICE MUST BE GIVEN TO YOUR EMPLOYER WITHIN 4 WORKING DAYS OF THE ACCIDENT. If you fail to report your injury or occupational disease promptly, Loss of Benefit penalties may be assessed against you. No compensation is payable for the first 3 days' disability unless the period of disability exceeds two weeks. Thereafter, the compensation rate while disabled is 2/3 of your average weekly wage, subject to a statutory maximum determined annually as provided by law. You are entitled to reasonable and necessary medical, surgical and hospital treatment for treatment of injuries or occupational diseases. In all cases of injury, the employer or insurer has the right in the first instance to select the physician. If a physician is not designated by the employer or insurer, you may select the services of a licensed physician or chiropractor. You are hereby notified that if a child support obligation is owed, compensation benefits may be attached and payment of the child support obligation may be withheld and forwarded to the obligee pursuant to sections 8-42-124 and 26-13-122(4), C.R.S. The physicians designated by your employer's insurance carrier are:

Si usted se lastimada o contrae una enfermedad en el trabajo, es posible que tenga derecho a beneficios de compensación según la ley. AVISE USTED POR ESCRITO A SU EMPLEADOR DENTRO CUATRO DÍAS DEL ACCIDENTE. Si no informa su lastimadura a su empleador existe la posibilidad que no reciba los beneficios de la ley. No se pagarán beneficios por los tres primeros días de incapacidad, a menos que el periodo de incapacidad dure más de dos semanas. Después de las dos semanas, el valor de los beneficios, mientras el trabajador continúe incapacitado será 2/3 del salario semanal promedio, sujeto a un máximo fijado cada año por la ley. El trabajador tiene el derecho de recibir servicios médicos, cirugía, o hospitalización para las lastimaduras o enfermedades. Para todas las lastimaduras el empleador o la compañía de seguros tiene el derecho en la primera instancia a seleccionar el médico. Si la compañía de seguros no ha designado un médico representando su empleador, usted puede seleccionar los servicios de un médico titulado o un quiropráctico. Por este medio, se le notifica que si usted debe alimentos para menores, los beneficios de compensación pueden ser incluidos y el pago puede ser retenido y enviado a quien corresponde según las secciones C.R.S. 8-42- 124 y 26-13-122(4). Los médicos escogidos por la compañía de seguros de su empleador son:

Concentra Medical Center
Occupational Medicine Clinic
Urgent Care
Walk In Clinics
2322 S Academy Blvd.
Colorado Springs, CO 80916
719-390-1727

Yang, Joseph J., DO
Colorado Springs Health Partners LLC
Family Practice
210 Tenderfoot Hill St
Colorado Springs, CO 80906
719-522-1133

McMaster, Susan M., DO
Family Practice
325 S Parkside Dr
Colorado Springs, CO 80910
719-471-6512

Centura Health Urgent Care Broadmoor
Urgent Care
1263 Lake Plaza Dr Ste 120
Colorado Springs, CO 80906
719-776-3330

In addition to any reports the employer is required to file, an injured employee may file his own claim for compensation and medical benefits in order to protect his future rights. To obtain claim forms or if your compensation is not paid promptly during your disability, or if you wish any information concerning your rights under the Workers' Compensation Act, write the Colorado Division of Workers' Compensation, 633 17th Street, Suite 400, Denver, CO, 80202-3660, giving your name as it appears on the payroll, your social security number, the name of your employer, and the date of your accident. To obtain further information you may call Customer Service at 303.318.8700.

Además de los informes que el empleador debe archivar, el empleado lesionado puede archivar su propio informe para recibir beneficios médicos, y proteger sus derechos futuros. Para obtener los papeles necesarios (formas) o reclamar los beneficios de los pagos puntuales durante el tiempo que usted este incapacitado, o si necesita más información, sobre la ley de compensación, se pone en contacto con la División de la Compensación de los Trabajadores o escriban a: Colorado Division of Workers' Compensation, 633 17th Street, Suite 400, Denver, CO, 80202-3660. Al solicitar cualquier información favor de incluir: su nombre como está registrado con su empleador, su número de seguro social, el nombre y la dirección de su empleador, y la fecha del accidente. Para obtener más información pueden llamar 303.318.8700 o sin peaje 1.800.685.0891.

Your employer's insurer is CNA. Tell your doctor to submit bills to PO BOX 8317 Chicago, IL 60680-8317 or call 800- 262-5303.

Provider information is subject to change. When making appointments, please confirm the provider's information. Additional providers may be available. Ask your supervisor for information on how to obtain a complete list of providers in your area.

Use of a network provider does not confirm or verify compensability under the Workers' Compensation Act. Your employer or your employer's claims administrator makes that determination.

WARNING

IF YOU ARE INJURED ON THE JOB, WRITTEN NOTICE OF YOUR INJURY MUST BE GIVEN TO YOUR EMPLOYER WITHIN FOUR WORKING DAYS AFTER THE ACCIDENT, PURSUANT TO SECTION 8-43-102(1) AND (1.5), COLORADO REVISED STATUTES. IF THE INJURY RESULTS FROM YOUR USE OF ALCOHOL OR CONTROLLED SUBSTANCES, YOUR WORKERS' COMPENSATION DISABILITY BENEFITS MAY BE REDUCED BY ONE-HALF IN ACCORDANCE WITH SECTION 8-42-112.5, COLORADO REVISED STATUTES.

AVISO

SI SE LASTIMA EN EL TRABAJO, DEBE DARLE UN AVISO POR ESCRITO A SU EMPLEADOR DENTRO DE CUATRO DÍAS LABORABLES DEL ACCIDENTE, SEGÚN A LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-43-102(1) Y (1.5). SI EL ACCIDENTE RESULTA DEBIDO AL USO DE ALCOHOL O UNA SUSTANCIA CONTROLADA, SUS BENEFICIOS DE LA INCAPACIDAD DE LA COMPENSACIÓN DE LOSTRABAJADORES PUEDEN SER REDUCIDOS POR UN MEDIO EN ACUERDO DE LA SECCIÓN DE LOS ESTATUOS REVISADOS DE COLORADO 8-42-112.5.